



May 1, 2020

Web Announcement 2184

Attention Provider Type 22 (Dentist): Claims for Dental Code D5821

Claims for dental code D5821 (Interim partial denture, maxillary) submitted by provider type (PT) 22 (Dentist) denied with error code 3932 (No procedure reimbursement rule for provider type/provider specialty). Effective January 20, 2020, the Medicaid Management Information System (MMIS) was updated and PT 22 claims for dental code D5821 will no longer deny in error.

Claims for dental code D5821 submitted by PT 22 with dates of service on or after February 1, 2019, through January 20, 2020, that denied in error have been automatically reprocessed. Results of the reprocessed claims appear on the remittance advice dated May 8, 2020.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.